

		FOR OHF USE					

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2001
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2001)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0033803

Facility Name: ANCHORAGE OF BEECHER

Address: 1201 DIXIE HIGHWAY BEECHER 60401
Number City Zip Code

County: WILL

Telephone Number: 708-946-2600 Fax # 708-946-9411

IDPA ID Number: 36-2166970-002

Date of Initial License for Current Owners: 09/12/88

Type of Ownership:

X VOLUNTARY, NON-PROFIT
X Charitable Corp.
Trust

IRS Exemption Code 501c3

PROPRIETARY GOVERNMENTAL
Individual State
Partnership County
Corporation Other
"Sub-S" Corp.
Limited Liability Co.
Trust
Other

In the event there are further questions about this report, please contact:
Name: DONALD PRIMDAHL Telephone Number: 630-521-8034

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/2000 to 06/30/2001 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) THOMAS L. NOESEN, JR.
(Title) TREASURER

Paid Preparer

(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) () Fax # ()

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number ANCHORAGE OF BEECHER

0033803 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>96</u>	Skilled (SNF)	<u>96</u>	<u>35,040</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>96</u>	TOTALS	<u>96</u>	<u>35,040</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>14,909</u>	<u>9,140</u>	<u>2,056</u>	<u>26,105</u>	8
9	SNF/PED					9
10	ICF	<u>4,546</u>	<u>2,593</u>		<u>7,139</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>19,455</u>	<u>11,733</u>	<u>2,056</u>	<u>33,244</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 94.87%

D. How many bed-hold days during this year were paid by Public Aid?

153 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)

HOME DELIVERD MEALS, STAFF FOOD SERVICES

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?

YES ☒ NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☒ NO ☐

I. On what date did you start providing long term care at this location?

Date started 09/12/1988

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 09/12/1988 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number
of beds certified 14 and days of care provided 2,056

Medicare Intermediary ADMINASTAR FEDERAL INC.

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED
CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 06/30/2001 Fiscal Year: 06/30/2001

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

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Facility Name & ID Number ANCHORAGE OF BEECHER # 0033803 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	215,564	21,967	7,779	245,310		245,310		245,310			1
2	Food Purchase		212,682		212,682	(7,858)	204,824	(20,667)	184,157			2
3	Housekeeping	102,249	31,266		133,515		133,515		133,515			3
4	Laundry		1,459	75,534	76,993		76,993		76,993			4
5	Heat and Other Utilities			84,518	84,518		84,518		84,518			5
6	Maintenance	61,052	5,184	22,195	88,431		88,431		88,431			6
7	Other (specify):*											7
8	TOTAL General Services	378,865	272,558	190,026	841,449	(7,858)	833,591	(20,667)	812,924			8
	B. Health Care and Programs											
9	Medical Director			17,700	17,700		17,700		17,700			9
10	Nursing and Medical Records	1,869,467	292,659	82,429	2,244,555	(113,345)	2,131,210		2,131,210			10
10a	Therapy	54,939	3,100	128,658	186,697		186,697		186,697			10a
11	Activities	77,227	494	4,371	82,092	17,342	99,434		99,434			11
12	Social Services	37,371		1,072	38,443		38,443		38,443			12
13	Nurse Aide Training											13
14	Program Transportation			4,715	4,715		4,715		4,715			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,039,004	296,253	238,945	2,574,202	(96,003)	2,478,199		2,478,199			16
	C. General Administration											
17	Administrative	73,207			73,207	38,812	112,019	112,450	224,469			17
18	Directors Fees											18
19	Professional Services			150,464	150,464	(79,622)	70,842	(5,387)	65,455			19
20	Dues, Fees, Subscriptions & Promotions			21,186	21,186	128	21,314	(3,834)	17,480			20
21	Clerical & General Office Expenses	98,535	18,567	29,340	146,442	1,849	148,291	9,001	157,292			21
22	Employee Benefits & Payroll Taxes			638,036	638,036	13,253	651,289	28,099	679,388			22
23	Inservice Training & Education											23
24	Travel and Seminar			3,068	3,068	1,683	4,751	2,069	6,820			24
25	Other Admin. Staff Transportation			1,611	1,611	2,981	4,592	2,096	6,688			25
26	Insurance-Prop.Liab.Malpractice			80,921	80,921		80,921		80,921			26
27	Other (specify):*											27
28	TOTAL General Administration	171,742	18,567	924,626	1,114,935	(20,916)	1,094,019	144,494	1,238,513			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,589,611	587,378	1,353,597	4,530,586	(124,777)	4,405,809	123,827	4,529,636			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			70,479	70,479		70,479	23,329	93,808			30
31	Amortization of Pre-Op. & Org.			3,043	3,043		3,043	(3,043)				31
32	Interest			201,549	201,549		201,549	(1,457)	200,092			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds					3,371	3,371		3,371			34
35	Rent-Equipment & Vehicles			10,524	10,524	(10,524)						35
36	Other (specify):*											36
37	TOTAL Ownership			285,595	285,595	(7,153)	278,442	18,829	297,271			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		7,299	4,798	12,097	123,629	135,726		135,726			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops					8,301	8,301		8,301			41
42	Provider Participation Fee			52,560	52,560		52,560		52,560			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		7,299	57,358	64,657	131,930	196,587		196,587			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	2,589,611	594,677	1,696,550	4,880,838		4,880,838	142,656	5,023,494			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(20,667)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	23,329	30		9
10	Interest and Other Investment Income	(1,457)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(4,771)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (3,566)		\$	30

OHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense	(3,043)	31	33
34	Adjustments for Related Organization Costs (Schedule VII)	(23,727)	VARIOUS	34
35	Other- Attach Schedule VIII-B	172,992	VARIOUS	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 146,222		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ 142,656		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
(See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops	X		8,301	2	40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs	X		123,629	10	43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 131,930		47

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	INDIRECT COST FROM SCHEDULE VIII-B	\$ 112,450	17	1
2	INDIRECT COST FROM SCHEDULE VIII-B	18,340	19	2
3	INDIRECT COST FROM SCHEDULE VIII-B	937	20	3
4	INDIRECT COST FROM SCHEDULE VIII-B	9,001	21	4
5	INDIRECT COST FROM SCHEDULE VIII-B	28,099	22	5
6	INDIRECT COST FROM SCHEDULE VIII-B	2,069	24	6
7	INDIRECT COST FROM SCHEDULE VIII-B	2,096	25	7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	172,992		49

Summary A

06/30/2001

[illegible]

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
BENSENVILLE HOME SOCIETY	100	PEOTONE SENIOR LIVING CENTER	PEOTONE	LIFELINK AREA		INDEPENDENT
LIFELINK CORP. (BHS PARENT)	100	ANCHORAGE OF BENSENVILLE	BENSENVILLE	HOUSING	VARIOUS	LIVING
		PINE ACRES CARE CENTER	DEKALB	BRIDEWAY OF		INDEPENDENT
				BENSENVILLE	BENSENVILLE	LIVING
				LIFELINK CHARITI	BENSENVILLE	FUND RAISING
				LIFELINK SERVICE	BENSENVILLE	PROJ. DEVEL.
				SEE ATTACHED		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	19	MANAGEMENT FEES	\$ 74,307	LIFELINK CORPORATION (V.P. HEALTH CARE)	100.00%	\$ 51,559	\$ (22,748)	1
2	V	19	MANAGEMENT FEES	13,194	LIFELINK CORPORATION (PASTORAL CARE)	100.00%	12,069	(1,125)	2
3	V	19	MANAGEMENT FEES	24,072	BHS (VOLUNTEER COORDINATOR)	100.00%	22,813	(1,259)	3
4	V	19	MANAGEMENT FEES		BHS (INTERGENERATIONAL COORDINATOR)	100.00%	1,405	1,405	4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 111,573			\$ 87,846	\$ * (23,727)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number ANCHORAGE OF BEECHER# 0033803Report Period Beginning: 07/01/2000Ending: 06/30/2001

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	CARL ZIMMERMAN	PRESIDENT	ADMIN.	NONE	32,200	3.34	8.34	SALARY	\$ 9,170	17-7	1
2	ROBERT LOGSTON	EXEC. VP ADMIN.	ADMIN.	NONE	32,200	3.34	8.34	SALARY	9,170	17-7	2
3	JOAN DI LEONARDI	EXEC. VP OPER.	ADMIN.	NONE	32,200	3.34	8.34	SALARY	9,170	17-7	3
4	JAMES FORMAL	VP HEALTH CARE	ADMIN-HEALTH	NONE	76,560	9.28	23.20	SALARY	25,520	19-3	4
5	THOMAS NOESEN	VP FIN/TREASURE	ACCT/FINANCE	NONE	32,200	3.34	8.34	SALARY	9,170	17-7	5
6	ALLEN S. GABRYS	CONTROLLER	ACCT/FINANCE	NONE	20,906	3.34	8.34	SALARY	5,954	17-7	6
7	KATHY LYNN CICERO	VP CORP. SERV.	ADMIN.	NONE	7,664	3.34	8.34	SALARY	2,182	17-7	7
8	KENYETTA HAYWOOD	VP SUPP. SERV.	SUPP. SERV.	NONE	32,200	3.34	8.34	SALARY	9,170	17-7	8
9	PAMELA JONES	DIR. - VOL.. SERV.	RECRUIT/PLACN	NONE	21,899	8	20.00	SALARY	7,684	11-7	9
10	DONALD PRIMDAHL	DIR. - BUDGETING	BDGT/GOVT. RE	NONE	21,837	3.34	8.34	SALARY	6,219	17-7	10
11	JANET HISBON	DIR. - PAST. CARE	SPRITUAL SERV	NONE	24,490	4	10.00	SALARY	4,151	11-7	11
12	KATHLEEN SCHUPBACH	DIR. - HUMAN RES	PERSONNEL	NONE	14,778	3.34	8.34	SALARY	4,209	17-7	12
13								TOTAL	\$ 101,769		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	MELODY LEIMNETZER	DIR. - TRAINING	TRAINING	NONE	16,365	3.34	8.34	SALARY	\$ 4,660	17-7	1
2	ROBIN MCBROOM	INTERGEN. COORD.	ACTIVITIES	NONE	3,713	1.6	4.00	SALARY	1,650	11-7	2
3											3
4								TOTAL PAGE 7	101,769		4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 108,079		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees)
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

#	0033803	Report Period Beginning:	07/01/2000	Ending:	6/30/2001
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Name of Related Organization	<u>LIFELINK CORPORATION</u>
Street Address	<u>331 S. YORK ROAD</u>
City / State / Zip Code	<u>BENSENVILLE, IL. 60106</u>
Phone Number	(<u>630) 766-3570</u>
Fax Number	(<u>630) 860-5130</u>

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	ADMINISTRATION	DIRECT PROG. COST	62,274,501	12	\$ 1,348,947	\$ 1,348,947	5,191,267	\$ 112,450	1
2	19	PROFESSIONAL SERVICES	DIRECT PROG. COST	62,274,501	12	220,002		5,191,267	18,340	2
3	20	FEES, SUBSCRIPTIONS, PROM	DIRECT PROG. COST	62,274,501	12	11,244		5,191,267	937	3
4	21	GEN. OFFICE EXPENSE	DIRECT PROG. COST	62,274,501	12	107,973		5,191,267	9,001	4
5	22	EMP. TAXES & BENEFITS	DIRECT PROG. COST	62,274,501	12	337,074		5,191,267	28,099	5
6	24	TRAVEL & SEMINARS	DIRECT PROG. COST	62,274,501	12	24,818		5,191,267	2,069	6
7	25	OTHER STAFF TRANS.	DIRECT PROG. COST	62,274,501	12	25,139		5,191,267	2,096	7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 2,075,197	\$ 1,348,947		\$ 172,992	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1			X	REFINANCE MORTGAGE	*	*	\$ *	\$ *	*	*	\$ 201,549	1	
2				& CAPITAL PROJECTS								2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related						\$	\$			\$ 201,549	9	
	B. Non-Facility Related*												
10												10	
11												11	
12				* SEE ATTACHED								12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ 0	14	
15	TOTALS (line 9+line14)						\$ *	\$ *			\$ 201,549	15	

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.				
1. Real Estate Tax accrual used on 2000 report.				\$	'0	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	'0	2
3. Under or (over) accrual (line 2 minus line 1).				\$	'0	3
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	'0	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$	'0	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$	'0	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	'0	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:		1996	0	8		
		1997	0	9		
		1998	0	10		
		1999	0	11		
		2000	0	12		
				FOR OHF USE ONLY		
				13	FROM R. E. TAX STATEMENT FOR 2000 \$	13
				14	PLUS APPEAL COST FROM LINE 5 \$	14
				15	LESS REFUND FROM LINE 6 \$	15
				16	AMOUNT TO USE FOR RATE CALCULATION \$	16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME ANCHORAGE OF BEECHER COUNTY WILL

FACILITY IDPH LICENSE NUMBER 0033803

CONTACT PERSON REGARDING THIS REPORT DONALD PRIMDAHL

TELEPHONE 630-521-8034 FAX #: 630-860-5130

A. Summary of Real Estate Tax Cos

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 2000

	(A)	(B)	(C)	(D)
	Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1.			\$	\$
2.	N/A		\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
		TOTALS	\$	\$

B. Real Estate Tax Cost Allocation:

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill whic is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 37,095 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: 121,720 2. Number of Years Over Which it is Being Amortized: 40
3. Current Period Amortization: 3,043 4. Dates Incurred: SEE ATTAHED

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.					
	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	LONG TERM CARE	123,116	1988	\$ 246,000	1
2					2
3	TOTALS	123,116		\$ 246,000	3

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	96		1988	1985	\$ 2,456,000	\$ 37,784	40	\$ 61,400	\$ 23,616	\$ 755,220	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	1985 ADMIN. BLDG. RENOVATION			1985	144,666	3,617	40	3,617		82,411	9
10	1986 ADMIN. BLDG. RENOVATION			1986	11,147	279	40	279		5,921	10
11	LAND IMPROVEMENTS (CURBS, LIGHTS, ETC.)			1988	160,000		10			160,000	11
12	WATER CONDITIONER			1988	5,417		20	217	217	3,686	12
13	SIGN RENOVATION			1988	2,490		20	125	125	1,750	13
14	INSTALLATION OF VERTICAL BLINDS			1998	1,582		20	79	79	1,185	14
15	INSTALLATION OF TIME CLOCK			1988	8,273		20	414	414	5,795	15
16	LAND IMPROVEMENTS			1990	5,035		20	252	252	3,023	16
17	COOLED CONDENSERS AND COMPRESSORS			1990	3,782	189	20	189		1,985	17
18	ROOF REPAIRS			1990	15,370	513	10	1,281	768	15,370	18
19	(20) RADIATOR VALVES			1991	7,200	720	20	360	(360)	4,101	19
20	TOILET FRAMES AND OTHER EQUIP.			1991	2,114	194	20	106	(88)	1,208	20
21	RUBBER ROOF SYSTEM			1992	74,550	7,455	10	7,455		63,989	21
22	WALK AND PATIO CONSTRUCTION			1992	9,255	925	10	925		7,867	22
23	PATIO FENCE			1992	3,620	362	10	362		2,987	23
24	WIRE GLASS DOOR			1992	509	51	20	25	(26)	230	24
25	CUBICAL CURTINS AND TRACK			1992	5,762	576	20	288	(288)	2,649	25
26	(49) MIRRORS			1992	4,470	447	20	224	(223)	2,060	26
27	SMOKE DAMPERS, FIREWALL AND VENT. RENOV.			1993	1,174	117	20	59	(58)	427	27
28	DUMPSTER PAD			1993	2,450	245	20	122	(123)	883	28
29	WANDER SAF-T-LOCK ALARM SYSTEM			1993	16,030	1,603	20	802	(801)	5,802	29
30	SKILLED WING DINNING ROOM RENOVATION			1993	2,900	290	20	145	(145)	1,050	30
31	ISE GARBAGE DISPOSAL			1993	603	60	20	30	(30)	222	31
32	KITCHEN COUNTER AND FIRE DOOR			1994	1,945	194	10	194		1,427	32
33	DINNING ROOM CARPETING			1994	7,832	783	10	783		5,547	33
34	BOILER			1997	3,016	301	10	301		1,080	34
35	3" BACKFLOW PREVENTOR			1999	4,935	494	10	494		1,028	35
36	CARPETING			1999	20,943	2,094	10	2,094		4,886	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	BOOSTER HEATER	1999	\$ 977	\$ 98	10	\$ 98	\$	\$ 179	37
38	20" MARATON 1200 EXTRACTOR	2001	1,673	70	10	70		70	38
39	WATER SOFTNER	2001	5,700	142	10	142		142	39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,991,420	\$ 59,603		\$ 82,932	\$ 23,329	\$ 1,144,180	70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$72,783	\$8,398	\$8,398	\$	5-10	\$47,942	71
72	Current Year Purchases	10,050	811	811		5-10	811	72
73	Fully Depreciated Assets	370,477				5-10	370,477	73
74								74
75	TOTALS	\$453,310	\$9,209	\$9,209	\$		\$419,230	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	RESIDENT OUTINGS	1985 FORD BUS	1997	\$10,000	\$1,667	\$1,667	\$	6	\$5,973	76
77										77
78										78
79										79
80	TOTALS			\$10,000	\$1,667	\$1,667	\$		\$5,973	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$3,700,730	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$70,479	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$93,808	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$23,329	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$1,569,383	85

**

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87	N/A				87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:N / A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-

9. Option to Buy:
- ☐ YES☐ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
16. Rental Amount for movable equipment: \$10,524
- Description:SEE ATTACHED
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:
- Beginning
- Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2002	\$
13.	/2003	\$
14.	/2004	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM☐

IN OTHER FACILITY☐

COMMUNITY COLLEGE☐

HOURS PER AIDE

3. CLINICAL PORTION:

IN-HOUSE PROGRAM☐

IN OTHER FACILITY☐

HOURS PER AIDE

WE ONLY HIRE CERTIFIED NURSING ASSISTANTS

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
		Units of Service	Cost	Units	Cost					
1	Licensed Occupational Therapist	10a	hrs	\$		\$ 39,398	\$ 1,887		\$ 41,285	1
2	Licensed Speech and Language Development Therapist	10a	hrs			1,295			1,295	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	hrs			84,860	1,102		85,962	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): Respiratory Therapy	10a			10	240		10	240	13
14	TOTAL			\$	10	\$ 125,793	\$ 2,989	10	\$ 128,782	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 118,526	\$ 300,057	1
2	Cash-Patient Deposits	19,928	701,493	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 687,333)	355,112	2,456,599	3
4	Supply Inventory (priced at COST)	11,065	74,132	4
5	Short-Term Investments		100,774	5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	65,000	229,730	7
8	Accounts Receivable (owners or related parties)		3,031,236	8
9	Other(specify): GRANTS/CONTRIB. REC.		832,219	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 569,631	\$ 7,726,240	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		921,501	13
14	Buildings, at Historical Cost		20,838,240	14
15	Leasehold Improvements, at Historical Cost		588,646	15
16	Equipment, at Historical Cost		6,386,595	16
17	Accumulated Depreciation (book methods)		(14,405,136)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): SEE ATTACHED		6,291,533	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$ 20,621,379	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 569,631	\$ 28,347,619	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 38,612	\$ 1,037,803	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	55,375	199,295	28
29	Short-Term Notes Payable	121,468	950,000	29
30	Accrued Salaries Payable	115,230	1,442,712	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	1,007	12,608	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	DUE TO AFFILIATED CORP.S	544,027	12,550,524	36
37	BONDS PAYABLE/DEFERRED REV.		791,266	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 875,719	\$ 16,984,208	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	590,494	15,671,388	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	DEFERRED REVENUE/OTHER		912,484	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 590,494	\$ 16,583,872	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,466,213	\$ 33,568,080	46
47	TOTAL EQUITY(page 18, line 24)	\$ (896,582)	\$ (5,220,461)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 569,631	\$ 28,347,619	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (660,726)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (660,726)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(337,878)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) NON ALLOWED COSTS EXCLUDED	(144,492)	15
16	Other (describe) NET EXP. BOOKED ON CORP. BOOKS	246,514	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (235,856)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (896,582)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number ANCHORAGE OF BEECHER # 0033803 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 5,347,984	1
2	Discounts and Allowances for all Levels	(1,434,637)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,913,347	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	768,822	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 768,822	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	8,301	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	20,667	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	1,718	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	1,640	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 32,326	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,457	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,457	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 4,715,952	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	841,449	31
32	Health Care	2,574,202	32
33	General Administration	1,114,935	33
	B. Capital Expense		
34	Ownership	285,595	34
	C. Ancillary Expense		
35	Special Cost Centers	12,097	35
36	Provider Participation Fee	52,560	36
	D. Other Expenses (specify):		
37	ALLOCATION OF INDIRECT COST - SCHED. VIII B	172,992	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,053,830	40
41	Income before Income Taxes (line 30 minus line 40)**	(337,878)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (337,878)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? NO If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

**** Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,862	2,117	\$ 59,625	\$ 28.16	1
2	Assistant Director of Nursing					2
3	Registered Nurses	29,914	33,009	664,731	20.14	3
4	Licensed Practical Nurses	15,204	16,728	337,311	20.16	4
5	Nurse Aides & Orderlies	60,613	67,033	757,292	11.30	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,042	4,509	54,939	12.18	8
9	Activity Director	1,874	2,080	33,217	15.97	9
10	Activity Assistants	3,419	4,087	44,010	10.77	10
11	Social Service Workers	2,022	2,182	37,371	17.13	11
12	Dietician					12
13	Food Service Supervisor	1,944	2,080	38,413	18.47	13
14	Head Cook					14
15	Cook Helpers/Assistants	22,492	24,855	177,151	7.13	15
16	Dishwashers					16
17	Maintenance Workers	3,173	3,611	61,052	16.91	17
18	Housekeepers	10,869	11,906	102,249	8.59	18
19	Laundry					19
20	Administrator	2,016	2,080	73,207	35.20	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,132	9,907	98,535	9.95	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,669	4,128	50,508	12.24	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	172,245	190,312	\$ 2,589,611 *	\$ 13.61	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	156	\$ 7,013	1-3	35
36	Medical Director		17,700	9-3	36
37	Medical Records Consultant	6	352	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant		558	10-3	39
40	Physical Therapy Consultant	28	1,374	10a-3	40
41	Occupational Therapy Consultant	29	1,493	10a-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	16	860	11-3	44
45	Social Service Consultant	20	1,072	12-3	45
46	Other(specify)				46
47	Dental Consultant		3,456	10-3	47
48					48
49	TOTAL (lines 35 - 48)	255	\$ 33,878		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	244	\$ 9,384	10a-3	50
51	Licensed Practical Nurses	357	13,669	10a-3	51
52	Nurse Aides	2,078	40,505	10a-3	52
53	TOTAL (lines 50 - 52)	2,679	\$ 63,558		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount
MARSHA QUALE	ADMINISTRATOR	0	\$ 73,207	Workers' Compensation Insurance	\$	68,807	IDPH License Fee	\$
				Unemployment Compensation Insurance		19,983	Advertising: Employee Recruitment	6,308
				FICA Taxes		191,062	Health Care Worker Background Check	
				Employee Health Insurance		251,325	(Indicate # of checks performed 92)	644
				Employee Meals			SUBSCRIPTIONS/REF. PUBL.	2,831
				Illinois Municipal Retirement Fund (IMRF)*			ASSOCIATION DUES	6,632
				LIFE INS / DISABILITY		14,202	PROGRAM PROMOTION	3,274
				PENSION (TSA)		80,609	PUBLIC RELATIONS	1,497
				STAFF MEDICAL EXAMS		4,724	ALLOCATION SCHED. VII-B	128
TOTAL (agree to Schedule V, line 17, col. 1)				EMPLOYEE RELATIONS/UNIFORMS/ETC.		7,324	ALLOCATION SCHED. VIII-B	937
(List each licensed administrator separately.)				ALLOCATION SCHED. VII-B		13,253	Less: Public Relations Expense	(1,497)
				ALLOCATION SCHED. VIII-B		28,099	Non-allowable advertising	(3,274)
							Yellow page advertising	(0)
B. Administrative - Other								
				TOTAL (agree to Schedule V,	\$	679,388	TOTAL (agree to Sch. V,	\$ 17,480
				line 22, col.8)			line 20, col. 8)	
				E. Schedule of Non-Cash Compensation Paid			G. Schedule of Travel and Seminar**	
				to Owners or Employees				
C. Professional Services				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type		Amount					
LIFELINK CORP.	MANAGEMENT FEE	\$	111,573	NONE			Out-of-State Travel	\$ 508
LIFELINK CORP.	DATA PROCESSING		34,211					
REINGRUBER & CO	MEDICARE CONSULTANT		4,680				In-State Travel	
							Seminar Expense	2,560
							ALLOCATION SCHED. VII-B	1,683
							ALLOCATION SCHED. VIII-B	2,069
							Entertainment Expense	()
							(agree to Sch. V,	
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL	\$		line 24, col. 8)	\$ 6,820
(If total legal fees exceed \$2500 attach copy of invoices.)								

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number ANCHORAGE OF BEECHER

0033803

Report Period Beginning: 07/01/2000

Ending: 06/30/2001

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. LSN/AAHSA 3,393
- (3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 5-10 YRS.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 45,875 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 52,560
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? NO Indicate the amount. \$ 0
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? NONE
d. Have vehicle usage logs been maintained? YES
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: KPMG The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? NO If no, please explain. AUDIT HAS NOT BEEN ISSUED
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? N/A
Attach invoices and a summary of services for all architect and appraisal fees.

XII B. # 16 EQUIPMENT RENTAL (PAGE14)

1. ADVACARE

HUNTLEIGH RENTAL	1,155.00
PLEXUS 2200 RENTAL	750.00
FLOWTRON/DVT RENTAL	288.00

2. ALVERNO

TRACTION RENTAL	25.00
CMP MACHINE RENTAL	1,300.00

3. AMERICAN MEDICAL OXYGEN SALES

OXYGEN CONCENTRATOR RENTAL	978.50
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4. HOME MED CARE

TRAPEZE - BED RENTAL	127.50
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5. KCI THERAPUETICS

WOUND VAC RENTAL	5,590.00
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6. PITNEY BOWES

MAILING MACHINE	240.00
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7. VANDENBERG MED-TECH

TRAPEZE - PORTABLE RENTAL	70.00
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<u><u>10,524.00</u></u>

NAME	JOB TITLE	DATE	LOCATION	SEM. TITLE	SPONSOR	COST
MARCIA QUALE	ADMINISTRATOR	7/30/2000-8/29/2000	RIVER GROVE, IL		TRITON COLLEGE	\$550.00
MARCIA QUALE	ADMINISTRATOR	10/3/2000	SPRINGFIELD, IL	FALL INSTITUTE	LSN FOUND.	\$626.59
PATRICIA BAILEY	DIR. ACTIVITIES					
MARY ELLEN KOSKY	ASSIT. DIR. ACT.					
BENISE BUNTENBACH	C.N.A					
MARY JOHNSON	C.N.A					
MICHAEL PASQKIET	C.N.A					
SONYA WEEKS	C.N.A					
PATRICIA BAILEY	DIR. ACTIVITIES	10/11/2000-10/13/2001	DECATER, IL	2000 I.A.P.A. CONVENTION	I.A.P.A.	\$817.88
MARY ELLEN KOSKY						
JULIE BECHTEL	DININGROOM ATT.	10/17/2001	CRETE, IL	SERVICES: SAFE ESSENTIALS	PRAIRIE STATI COLLEGE	\$262.65
PAULA VANDERMEER	DININGROOM ATT.					
ALL OTHER SEMINARS LESS THAN \$250.00:						\$303.45
ALLOCATED COSTS - SCHEDULE VII B:						\$1,683.00
ALLOCATED COSTS - SCHEDULE VIII B:						\$2,069.00
SUB-TOTAL						<u>\$6,312.57</u>
OUT OF STATE SEMINARS/CONFERENCES						\$507.59
TOTAL						<u>\$6,820.16</u>

FACILITY ID#: 0033803

FACILITY NAME: ANCHORAGE OF BEECHER
A FACILITY OF THE BENSENVILLE HOME SOCIETY

REPORT PERIOD 07/01/00 - 06/30/01

SCHEDULE V

RECLASSIFICATIONS AND ADJUSTMENTS:

1. LINE 10 NURSING & RECORD KEEPING	10,284	
LINE 21 CLERICAL & GENERAL OFFICE	240	
LINE 35 RENT - EQUIPMENT		10,524

TO RECLASSIFY RENTAL EQUIPMENT TO PROPER
ACCOUNTS PER SCHEDULE XII B #16.

2 LINE 2 FOOD PURCHASES	443	
LINE 11 ACTIVITIES	17,342	
LINE 17 ADMINISTRATIVE	38,812	
LINE 19 PROFESSIONAL SERVICES		79,622
LINE 20 FEES, SUBSCRIPTIONS, PROM.	128	
LINE 21 CLERICAL & GENERAL OFFICE	1,609	
LINE 22 EMPLOYMENT BENEFITS & TAXES	13,253	
LINE 24 TRAVEL & SEMINARS	1,683	
LINE 25 OTHER STAFF TRANSPORTATION	2,981	
LINE 34 RENT- FACILITY & GROUNDS	3,371	

TO RECLASSIFY MANAGEMENT FEES FROM
PROFESSIONAL SERVICES TO PROPER ACCOUNTS.

3 LINE 41 GIFT & COFFEE SHOP	8,301	
LINE 2 FOOD PURCHASES		8,301

TO RECLASSIFY COFFEE SHOP EXPENSES

4 LINE 39 ANCILLARY SERVICE CENTER	123,629	
LINE 10 NURSING & RECORD KEEPING		123,629

TO RECLASSIFY PRIVE PAY DRUGS TO SECTION D

RECAP ABOVE ENTRIES

LINE 2 FOOD PURCHASES		7,858
LINE 10 NURSING & RECORD KEEPING		113,345
LINE 11 ACTIVITIES	17,342	
LINE 17 ADMINISTRATIVE	38,812	
LINE 19 PROFESSIONAL SERVICES		79,622
LINE 20 FEES, SUBSCRIPTIONS, PROM.	128	
LINE 21 CLERICAL & GENERAL OFFICE	1,849	
LINE 22 EMPLOYMENT BENEFITS & TAXES	13,253	
LINE 24 TRAVEL & SEMINARS	1,683	
LINE 25 OTHER STAFF TRANSPORTATION	2,981	
LINE 34 RENT- FACILITY & GROUNDS	3,371	
LINE 35 RENT - EQUIPMENT		10,524
LINE 39 ANCILLARY SERVICE CENTER	123,629	
LINE 41 GIFT & COFFEE SHOP	8,301	

211,349 211,349

BENSENVILLE HOME SOCIETY
INDIRECT COSTS (UNALLOCATED)
SCHEDULE VIII-B
6/30/2001

RECAP

LINE #	DESCRIPTION	0014258	0033803	0005066	0039289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE BEECHER	EOTONE SENIOR LIVING CENTER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	-	-	-	-
17	ADMINISTRATIVE	284,237	112,450	14,453	96,182
19	PROFESSIONAL SERVICES	46,357	18,340	2,357	15,686
20	FEES, SUBSCRIPTIONS, PI	2,369	937	120	802
21	GENERAL OFFICE EXPENS	22,751	9,001	1,157	7,699
22	EMPLOYMENT BENEFITS &	71,025	28,099	3,611	24,034
24	TRAVEL AND SEMINARS	5,229	2,069	266	1,770
25	OTHER STAFF TRANSPOR	5,297	2,096	269	1,792
26	INSURANCE	-	-	-	-
34	RENT-FACILITIES & GROU	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-
TOTAL		437,265	172,991	22,234	147,965
ALLOCATION		21.07%	8.34%	1.07%	7.13%

LINE #	DESCRIPTION	AMINISTRATION (010)			BOARD & CORPORATE (020)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	419	419	-	-	-	-
17	ADMINISTRATIVE	654,168	240,153	414,015	-	-	-
19	PROFESSIONAL SERVICES	126,618	110,472	16,146	3,431	-	3,431
20	FEES, SUBSCRIPTIONS, PI	2,571	2,571	-	250	250	-
21	GENERAL OFFICE EXPENS	21,317	2,571	18,746	136	-	136
22	EMPLOYMENT BENEFITS &	119,387	43,828	75,559	18402	-	18,402
24	TRAVEL AND SEMINARS	39,834	23,365	16,469	-	-	-
25	OTHER STAFF TRANSPOR	20,679	-	20,679	75	-	75
26	INSURANCE	-	-	-	1,220	1,220	-
34	RENT-FACILITIES & GROU	41,676	41,676	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		1,026,669	462,484	564,185	23,514	1,470	22,044

LINE #	DESCRIPTION	BUSINESS OFFICE (030)			SUPPORT SERVICES (080)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	-	419	-	-	-	-
17	ADMINISTRATIVE	611,617	19,854	591,763	121,898	11,898	110,000
19	PROFESSIONAL SERVICES	512,679	369755	142,924	(6,165)	-	(6,165)
20	FEES, SUBSCRIPTIONS, PI	5,792	-	5,792	1,147	-	1,147
21	GENERAL OFFICE EXPENS	60,375	-	60,375	3,575	-	3,575
22	EMPLOYMENT BENEFITS &	165,370	-	165,370	19,841	1,837	17,904
24	TRAVEL AND SEMINARS	7,951	-	7,951	10,695	10,695	-
25	OTHER STAFF TRANSPOR	3,101	-	3,101	260	-	260
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROU	76,920	76,920	-	12,888	12,888	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		1,444,224	466,948	977,276	164,139	37,418	126,721

LINE #	DESCRIPTION	MATERIALS HANDLING (110)			HUMAN RESOURCES (120)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	-	-	-	54	54	-
17	ADMINISTRATIVE	65,925	-	65,925	107,267	-	107,267
19	PROFESSIONAL SERVICES	3,634	-	3,634	60,032	-	60,032
20	FEES, SUBSCRIPTIONS, PI	378	-	378	110	-	110
21	GENERAL OFFICE EXPENS	2,482	-	2,482	17,619	-	17,619
22	EMPLOYMENT BENEFITS &	21,348	-	21,348	26,607	-	26,607
24	TRAVEL AND SEMINARS	398	-	398	-	-	-
25	OTHER STAFF TRANSPORT	-	-	-	72	-	72
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROU	2,172	2,172	-	25,644	25,644	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		96,337	2,172	94,165	237,405	25,698	211,707

LINE #	DESCRIPTION	TRAINING (130)			GRAND TOTAL		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	3,845	-	-	4,737	4,737	-
17	ADMINISTRATIVE	59,977	-	59,977	1,620,852	271,905	1,348,947
19	PROFESSIONAL SERVICES	-	-	-	700,229	480,227	220,002
20	FEES, SUBSCRIPTIONS, PI	1,246	-	1,246	11,494	250	11,244
21	GENERAL OFFICE EXPENS	5,040	-	5,040	110,544	2,571	107,973
22	EMPLOYMENT BENEFITS &	11,884	-	11,884	382,839	45,765	337,074
24	TRAVEL AND SEMINARS	-	-	-	58,878	34,060	24,818
25	OTHER STAFF TRANSPOR	952	-	952	25,139	-	25,139
26	INSURANCE	-	-	-	1,220	1,220	-
34	RENT-FACILITIES & GROU	4,789	4,789	-	164,089	164,089	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		87,733	8,634	79,099	3,080,021	1,004,824	2,075,197

BENSENVILLE HOME SOCIETY
SCHEDULE V-C
6/30/2001

MEMORANDUM OF BENSENVILLE

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	ALLOCATION MAXIMUM EXCESS			
					RATE	AMOUNT	AMOUNT	OVER ADJUSTED
CARL ZIMMERMAN	PRESIDENT	281,014	8,000	289,014	21.07%	58,884	23,178	33,906
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	189,712	8,000	197,712	21.07%	37,024	23,178	13,846
JOAN D'LEONARD	EXEC. VP OPERATIONS	126,427	7,200	146,627	21.07%	30,860	23,178	7,718
JAMES FORMAL	VP HEALTH CARE	126,819	7,800	133,619	27.00%	37,140	36,860	26,860
THOMAS KESSEN	VP FINANCE / TREASURER	126,864	8,000	133,464	21.07%	26,120	23,178	4,942
ALLEN GABRY	CONTROLLER	71,419	-	71,419	21.07%	14,910	-	15,940
KATHY LYNN COBB	VP CORPORATE SERVICES	26,360	-	26,360	21.07%	5,516	23,178	-
KENNYTTA HAYKOV	VP SUPPORT SERVICES	124,075	-	124,075	21.07%	26,144	23,178	2,966
PAMELA JONES	DIRECTOR / VOLUNTEER S	38,419	-	38,419	30.00%	11,520	33,000	-
DONALD FRIMMEL	DIRECTOR / BUDGETING	74,600	-	74,600	21.07%	15,719	23,178	-
JANET HESBON	DIRECTOR / PASTORAL CA	41,509	-	41,509	47.00%	19,509	51,750	-
KATHLEEN SCHWAB	DIRECTOR / HUMAN RESO	50,487	-	50,487	21.07%	10,638	23,178	-
MELROY LEMMETZ	DIRECTOR / TRAINING	55,964	-	55,964	21.07%	11,780	23,178	-
ROBIN MCBRID	INTERGENERATIONAL COO	41,250	-	41,250	5.00%	2,063	5,000	-
TOTAL ALLOCATION								235,288

CORPORATE ALLOCATION

ANCHORAGE OF BENSENVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

13,121,862\$2,274,501+ 21.07%

BENSENVILLE HOME SOCIETY
SCHEDULE V-C
6/30/2001

MEMORANDUM OF BENSENVILLE

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	ALLOCATION MAXIMUM EXCESS			
					RATE	AMOUNT	AMOUNT	OVER ADJUSTED
CARL ZIMMERMAN	PRESIDENT	281,014	8,000	289,014	8.34%	22,425	9,170	13,256
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	189,712	8,000	197,712	8.34%	14,648	9,170	5,478
JOAN D'LEONARD	EXEC. VP OPERATIONS	126,427	7,200	146,627	8.34%	12,223	9,170	3,053
JAMES FORMAL	VP HEALTH CARE	126,819	7,800	133,619	23.20%	31,000	25,820	5,480
THOMAS KESSEN	VP FINANCE / TREASURER	126,864	8,000	133,464	8.34%	11,125	9,170	1,955
ALLEN GABRY	CONTROLLER	71,419	-	71,419	8.34%	5,954	9,170	-
KATHY LYNN COBB	VP CORPORATE SERVICES	26,360	-	26,360	8.34%	2,182	9,170	-
KENNYTTA HAYKOV	VP SUPPORT SERVICES	124,075	-	124,075	8.34%	10,343	9,170	1,173
PAMELA JONES	DIRECTOR / VOLUNTEER S	38,419	-	38,419	20.00%	7,684	22,000	-
DONALD FRIMMEL	DIRECTOR / BUDGETING	74,600	-	74,600	8.34%	6,219	-	7,381
JANET HESBON	DIRECTOR / PASTORAL CA	41,509	-	41,509	10.00%	4,151	11,000	-
KATHLEEN SCHWAB	DIRECTOR / HUMAN RESO	50,487	-	50,487	8.34%	4,209	9,170	-
MELROY LEMMETZ	DIRECTOR / TRAINING	55,964	-	55,964	8.34%	4,660	9,170	-
ROBIN MCBRID	INTERGENERATIONAL COO	41,250	-	41,250	4.00%	1,650	4,400	-
TOTAL ALLOCATION								106,077

CORPORATE ALLOCATION

ANCHORAGE OF BENSENVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

9,191,287\$2,274,501+ 8.34%

BENSENVILLE HOME SOCIETY
SCHEDULE V-C
6/30/2001

MEMORANDUM OF BENSENVILLE

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	ALLOCATION MAXIMUM EXCESS			
					RATE	AMOUNT	AMOUNT	OVER ADJUSTED
CARL ZIMMERMAN	PRESIDENT	281,014	8,000	289,014	7.13%	16,181	7,843	11,238
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	189,712	8,000	197,712	7.13%	12,529	7,843	4,686
JOAN D'LEONARD	EXEC. VP OPERATIONS	126,427	7,200	146,627	7.13%	10,449	7,843	2,606
JAMES FORMAL	VP HEALTH CARE	126,819	7,800	133,619	32.30%	43,426	35,750	7,676
THOMAS KESSEN	VP FINANCE / TREASURER	126,864	8,000	133,464	7.13%	9,515	7,843	1,672
ALLEN GABRY	CONTROLLER	71,419	-	71,419	7.13%	5,062	7,843	-
KATHY LYNN COBB	VP CORPORATE SERVICES	26,360	-	26,360	7.13%	1,867	7,843	-
KENNYTTA HAYKOV	VP SUPPORT SERVICES	124,075	-	124,075	7.13%	8,847	7,843	1,004
PAMELA JONES	DIRECTOR / VOLUNTEER S	38,419	-	38,419	19.00%	7,300	20,000	-
DONALD FRIMMEL	DIRECTOR / BUDGETING	74,600	-	74,600	7.13%	5,319	7,843	-
JANET HESBON	DIRECTOR / PASTORAL CA	41,509	-	41,509	10.00%	4,151	11,000	-
KATHLEEN SCHWAB	DIRECTOR / HUMAN RESO	50,487	-	50,487	7.13%	3,600	7,843	-
MELROY LEMMETZ	DIRECTOR / TRAINING	55,964	-	55,964	7.13%	3,986	7,843	-
ROBIN MCBRID	INTERGENERATIONAL COO	41,250	-	41,250	2.00%	825	2,000	-
TOTAL ALLOCATION								107,788

CORPORATE ALLOCATION

ANCHORAGE OF BENSENVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

4,440,287\$2,274,501+ 7.13%

BENSENVILLE HOME SOCIETY
SCHEDULE V-C
6/30/2001

MEMORANDUM OF BENSENVILLE

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	ALLOCATION MAXIMUM EXCESS			
					RATE	AMOUNT	AMOUNT	OVER ADJUSTED
CARL ZIMMERMAN	PRESIDENT	281,014	8,000	289,014	1.07%	2,862	1,179	1,704
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	189,712	8,000	197,712	1.07%	1,833	1,179	604
JOAN D'LEONARD	EXEC. VP OPERATIONS	126,427	7,200	146,627	1.07%	1,571	1,179	392
JAMES FORMAL	VP HEALTH CARE	126,819	7,800	133,619	9.30%	12,427	10,230	2,197
THOMAS KESSEN	VP FINANCE / TREASURER	126,864	8,000	133,464	1.07%	1,426	1,179	251
ALLEN GABRY	CONTROLLER	71,419	-	71,419	1.07%	765	1,179	-
KATHY LYNN COBB	VP CORPORATE SERVICES	26,360	-	26,360	1.07%	280	1,179	-
KENNYTTA HAYKOV	VP SUPPORT SERVICES	124,075	-	124,075	1.07%	1,329	1,179	151
PAMELA JONES	DIRECTOR / VOLUNTEER S	38,419	-	38,419	8.00%	3,074	8,000	-
DONALD FRIMMEL	DIRECTOR / BUDGETING	74,600	-	74,600	1.07%	799	1,179	-
JANET HESBON	DIRECTOR / PASTORAL CA	41,509	-	41,509	2.00%	830	1,200	-
KATHLEEN SCHWAB	DIRECTOR / HUMAN RESO	50,487	-	50,487	1.07%	541	1,179	-
MELROY LEMMETZ	DIRECTOR / TRAINING	55,964	-	55,964	1.07%	599	1,179	-
ROBIN MCBRID	INTERGENERATIONAL COO	41,250	-	41,250	2.00%	825	2,000	-
TOTAL ALLOCATION								23,436

CORPORATE ALLOCATION

ANCHORAGE OF BENSENVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

967,222\$2,274,501+ 1.07%

BENSENVILLE HOME SOCIETY
SCHEDULE V-C
6/30/2000

SUMMARY

NAME	POSITION	TOTAL EXCLUDED		TOTAL ADJUSTED	
		AMOUNT	PERCENT	AMOUNT	PERCENT
CARL ZIMMERMAN	PRESIDENT	58,883	41.37%	41,370	41.37%
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	24,713	41.37%	41,370	41.37%
JOAN D'LEONARD	EXEC. VP OPERATIONS	13,775	41.37%	41,370	41.37%
JAMES FORMAL	VP HEALTH CARE	21,818	102.68%	102,680	102.68%
THOMAS KESSEN	VP FINANCE / TREASURER	8,821	41.37%	41,370	41.37%
ALLEN GABRY	CONTROLLER	-	-	26,860	26.86%
KATHY LYNN COBB	VP CORPORATE SERVICES	-	-	8,946	8.946%
KENNYTTA HAYKOV	VP SUPPORT SERVICES	5,203	41.37%	41,370	41.37%
PAMELA JONES	DIRECTOR / VOLUNTEER SERV	-	-	26,360	26.36%
DONALD FRIMMEL	DIRECTOR / BUDGETING	-	-	28,595	28.595%
JANET HESBON	DIRECTOR / PASTORAL CARE	-	-	28,841	28.841%
KATHLEEN SCHWAB	DIRECTOR / HUMAN RESOURCES	-	-	19,897	19.897%
MELROY LEMMETZ	DIRECTOR / TRAINING	-	-	21,525	21.525%
ROBIN MCBRID	INTERGENERATIONAL COORD.	-	-	5,363	5.363%
TOTAL		134,128		477,287	

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/00 - 06/30/01

X INTEREST EXPENSE

FACILITY NUMBE NAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0005066	PEOTONE SENIOR LIVING CENTER
0039289	PINE ACRES CARE CENTER

THE BENSENVILLE HOME SOCIETY (BHS) IN CONJUNCTION WITH ITS AFFILIATED CORPORATIONS, LIFELINK AND BRIDGEWAY OF BENSENVILLE, HAVE ISSUED 1989A, 1995A, AND 1998 BONDS THRU THE ILLINOIS HEALTH FACILITY AUTHORITY ON VARIOUS DATES. SEE COPY OF OFFICIAL STATEMENTS ATTACHED. THE 1989B AND 1995B BONDS WERE RETIRED WITH THE ISSUANCE OF THE 1998 BONDS.

INTEREST PAID AND ACCRUED

1989A SERIES	149,591
1995A SERIES	384,734
1998 SERIES	975,638

LETTER OF CREDIT AND OTHER FEES

1989A SERIES	60,704
1995A SERIES	140,097
TOTAL	<u>1,710,764</u>

INTEREST HAS BEEN ALLOCATED BASED ON THE USE OF THE BOND PROCEEDS.

ANCHORAGE OF BENSENVILLE	34.2% OF 1989 BONDS	71,876
	14.2% OF 1995 BONDS	74,252
	8.5% OF 1998 BONDS	<u>83,022</u>
	TOTAL	<u>229,150</u>
ANCHORAGE OF BEECHER	44.5% OF 1989 BONDS	93,523
	11.1% OF 1998 BONDS	<u>108,026</u>
	TOTAL	<u>201,549</u>
PEOTONE SENIOR LIVING CENTE	5.5% OF 1989 BONDS	11,559
	1.4% OF 1998 BONDS	<u>13,352</u>
	TOTAL	<u>24,911</u>
PINE ACRES CARE CENTER	32.8% OF 1995 BONDS	171,997
OTHER*		1,083,157
TOTAL		<u>1,710,764</u>

* CORPORATE AND PARENT CORPORATE OFFICES AND NON-CARE RELATED.

IK CORPORATION

ILLE HOME SOCIETY

SCHEDULE VII-A

ANCHORAGE OF BENSENVILLE	#	0014258
ANCHORAGE OF BEECHER	#	0033803
PINE ACRES CARE CENTER	#	0039289
PEOTONE SENIOR LIVING CENTER	#	0005066

ATTACHED ARE LISTS OF THE BOARD OF DIRECTORS FOR LIFELINK CORPORATION AND BENSENVILLE HOME SOCIETY.

NONE OF THESE DIRECTORS PROVIDE ANY SERVICES TO EITHER CORPORATION NOR DO THEY HAVE ANY OWNERSHIP IN ANY ENTITY THAT DOES BUSINESS WITH EITHER CORPORATION.

BENSENVILLE HOME SOCIETY
SCHEDULE VII-B
6/30/2001

RECAP

LINE #	DESCRIPTION	0014258	0033803	0005066	0039289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PEOTONE SENIOR LIVING CENTER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	552	443	178	589
11	ACTIVITIES	54,235	17,342	5,235	16,591
17	ADMINISTRATIVE	46,507	38,812	15,558	54,370
19	PROFESSIONAL SERVICES	13,244	8,225	3,234	7,824
20	FEES, SUBSCRIPTIONS, PR	381	128	41	115
21	GENERAL OFFICE EXPENS	2,671	1,609	620	1,620
22	EMPLOYMENT BENEFITS &	23,090	13,253	4,965	16,224
24	TRAVEL AND SEMINARS	2,084	1,683	674	2,256
25	OTHER STAFF TRANSPORT	6,663	2,981	1,028	3,680
34	RENT-FACILITIES & GROUN	5,057	3,371	1,348	3,203
35	RENTAL EQUIPMENT	-	-	-	-
TOTAL		154,483	87,847	32,910	106,672

VICE PRESIDENT OF HEALTH CARE (020-050)

LINE #	DESCRIPTION	ANCHORAGE OF			ANCHORAGE PEOTONE SENIOR			PINE ACRES	
		TOTAL	DIS-ALLOWED	ALLOWED	BENSENVILLE	OF BEECHER	LIVING CENTER	CARE CENTER	
2	FOOD PURCHASES	1,612	-	1,612	448	374	150	523.90	
11	ACTIVITIES	-	-	-	-	-	-	-	
17	ADMINISTRATIVE	193,111	25,819	167,292	46,507	38,812	15,558	54,369.90	
19	PROFESSIONAL SERVICES	14,351	-	-	-	-	-	-	
20	FEES, SUBSCRIPTIONS, PR	34,275	-	-	-	-	-	-	
21	GENERAL OFFICE EXPENS	2,925	-	2,925	813	679	272	950.63	
22	EMPLOYMENT BENEFITS &	41,733	5,580	36,153	10,051	8,387	3,362	11,749.73	
24	TRAVEL AND SEMINARS	6,285	-	6,285	1,747	1,458	585	2,042.63	
25	OTHER STAFF TRANSPORT	7,971	-	7,971	2,216	1,849	741	2,590.58	
34	RENT-FACILITIES & GROUN	12,468	-	-	-	-	-	-	
35	RENTAL EQUIPMENT	-	-	-	-	-	-	-	
TOTAL		314,731	92,493	222,238	61,782	51,559	20,668	72,227	
ALLOCATION %					27.8%	23.2%	9.3%	32.5%	

PASTORAL CARE(020-150)

LINE #	DESCRIPTION	ANCHORAGE OF			ANCHORAGE PEOTONE SENIOR			PINE ACRES	
		TOTAL	DIS-ALLOWED	ALLOWED	BENSENVILLE	OF BEECHER	LIVING CENTER	CARE CENTER	
2	FOOD PURCHASES	529	-	-	-	-	-	-	
11	ACTIVITIES	88,763	-	88,763	41,719	8,876	1,775	8,876	
17	ADMINISTRATIVE	-	-	-	-	-	-	-	
19	PROFESSIONAL SERVICES	2,841	-	2,841	1,335	284	57	284	
20	FEES, SUBSCRIPTIONS, PR	608	-	608	286	61	12	61	
21	GENERAL OFFICE EXPENS	1,483	-	1,483	697	148	30	148	
22	EMPLOYMENT BENEFITS &	18,356	-	18,356	8,627	1,836	367	1,836	
24	TRAVEL AND SEMINARS	1,387	1,387	-	-	-	-	-	
25	OTHER STAFF TRANSPORT	8,640	-	8,640	4,061	864	173	864	
34	RENT-FACILITIES & GROUN	9,696	9,696	-	-	-	-	-	
35	RENTAL EQUIPMENT	129	-	-	-	-	-	-	
TOTAL		132,432	11,741	120,691	56,725	12,069	2,414	12,069	
ALLOCATION %					47%	10%	2%	10%	

VOLUNTEER COORDINATOR(100-200)

LINE #	DESCRIPTION	ANCHORAGE OF			ANCHORAGE PEOTONE SENIOR			PINE ACRES	
		TOTAL	DIS-ALLOWED	ALLOWED	BENSENVILLE	OF BEECHER	LIVING CENTER	CARE CENTER	
2	FOOD PURCHASES	345	-	345	104	69	28	66	
11	ACTIVITIES	38,682	-	38,682	11,605	7,736	3,095	7,350	
17	ADMINISTRATIVE	-	-	-	-	-	-	-	
19	PROFESSIONAL SERVICES	39,661	-	39,661	11,898	7,932	3,173	7,538	
20	FEES, SUBSCRIPTIONS, PR	232	-	232	70	46	19	44	
21	GENERAL OFFICE EXPENS	3,665	-	3,665	1,100	733	293	696	
22	EMPLOYMENT BENEFITS &	12,487	-	12,487	3,746	2,497	999	2,373	
24	TRAVEL AND SEMINARS	1,124	-	1,124	337	225	90	214	
25	OTHER STAFF TRANSPORT	1,015	-	1,015	305	203	81	193	
34	RENT-FACILITIES & GROUN	23,768	6,912	16,856	5,057	3,371	1,348	3,203	
35	RENTAL EQUIPMENT	-	-	-	-	-	-	-	
TOTAL		120,979	6,912	114,067	34,220	22,813	9,126	21,673	
ALLOCATION %					30%	20%	8%	19%	

INTERGENERATIONAL(100-245)

LINE #	DESCRIPTION	ANCHORAGE OF			ANCHORAGE PEOTONE SENIOR			PINE ACRES	
		TOTAL	DIS-ALLOWED	ALLOWED	BENSENVILLE	OF BEECHER	LIVING CENTER	CARE CENTER	
2	FOOD PURCHASES	87	87	-	-	-	-	-	
11	ACTIVITIES	18,235	-	18,235	912	729	365	365	
17	ADMINISTRATIVE	-	-	-	-	-	-	-	
19	PROFESSIONAL SERVICES	205	-	205	10	8	4	4	
20	FEES, SUBSCRIPTIONS, PR	511	-	511	26	20	10	10	
21	GENERAL OFFICE EXPENS	1,233	-	1,233	62	49	25	25	
22	EMPLOYMENT BENEFITS &	13,316	-	13,316	666	533	266	266	
24	TRAVEL AND SEMINARS	1,496	1,496	-	-	-	-	-	
25	OTHER STAFF TRANSPORT	1,628	-	1,628	81	65	33	33	
34	RENT-FACILITIES & GROUN	4,644	4,644	-	-	-	-	-	
35	RENTAL EQUIPMENT	-	-	-	-	-	-	-	
TOTAL		41,355	6,227	35,128	1,756	1,405	703	703	
ALLOCATION %					5%	4%	2%	2%	

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/00 - 06/30/01

FACILITY NUMBER NAME

0033803 ANCHORAGE OF BEECHER

SCHEDULE XVII - LINE 41

	(1) BENSENVILLE HOME <u>SOCIETY</u>	(2) <u>FACILITY</u>	BHS RELATED <u>(1) - (2)</u>
<u>ANCHORAGE OF BEECHER</u>			
REVENUES	39,727,159	4,715,952	35,011,207
EXPENSES	44,489,486	5,053,830	39,435,656
NET INCOME (LOSS) FROM OPER	<u>(4,762,327)</u>	<u>(337,878)</u>	<u>(4,424,449)</u>

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/00 - 06/30/01

FACILITY NUMBER NAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0005066	PEOTONE SENIOR LIVING CENTER
0039289	PINE ACRES CARE CENTER

SCHEDULE XV BALANCE SHEET

LINE 23 - OTHER

BENEFICIAL INTEREST IN PERPETUAL TRUST	4,428,381
STUDENT LOANS RECEIVABLE	60,815
CASH RESTRICTED FOR STUDENT LOANS	84,466
CONSTRUCTION IN PROGRESS	79,332
DEFERRED COSTS AND OTHER INTANGIBLES, NET	1,282,994
OTHER ASSETS, NET	353,110
DUE FROM AFFILIATED CORPORATIONS	2,435
	<u>6,291,533</u>

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/00 - 06/30/01

FACILITY NUMBER	NAME
0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0005066	PEOTONE SENIOR LIVING CENTER
0039289	PINE ACRES CARE CENTER

SCHEDULE VII RELATED PARTIES - PART A3

<u>NAME</u>	<u>CITY</u>	<u>TYPE OF BUSINESS</u>
HOYLETON YOUTH AND FAMILY SERVICES	HOYLETON	SOCIAL SERVICES
HOYLETON CHILDREN'S HOME FOUNDATION	HOYLETON	FUND RAISING